

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
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D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on January 13, 2015 through January 15, 2015.	D 000		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure five of seven sampled staff (Staff B, C, D, E and G) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire. The findings are:</p> <p>1. Review of Staff B's personnel file revealed:</p> <ul style="list-style-type: none"> - Staff B's hire date of 12/22/14 as a personal care aide. - A HCPR check completed on 1/14/15 revealed no substantiated findings. <p>Refer to the interview with the Executive Director on 1/15/15 at 2:50pm</p> <p>2. Review of Staff D's personnel file revealed:</p> <ul style="list-style-type: none"> - Hire date 12/22/14 as a personal care aide. - A HCPR check completed on 1/14/15 revealed no substantiated findings. <p>Refer to the interview with the Executive Director on 1/15/15 at 2:50pm</p>	D 137		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 137	<p>Continued From page 1</p> <p>3. Review of Staff E's personnel record revealed:</p> <ul style="list-style-type: none"> - A hire date of April 28, 2014. - Staff E was hired as a Supervisor in Charge (SIC)/ Medication Aide (MA). - Staff E's HCPR was not accessed until May 19, 2014 and showed no substantiated findings. <p>Refer to interview with Resident Care Coordinator on 1/15/2015 at 10:40 A.M.</p> <p>Refer to interview with Executive Director on 1/15/2015 at 2:35 P.M.</p> <p>4. Review of Staff F's personnel record revealed:</p> <ul style="list-style-type: none"> - A hire date of July 8, 2014. - Staff F was hired as a Certified Nurse's Assistant. - Staff F's HCPR was not assessed until July 17, 2014 and showed no substantiated findings. <p>Refer to interview with Resident Care Coordinator on 1/15/2015 at 10:40 A.M.</p> <p>Refer to interview with Executive Director on 1/15/2015 at 2:35 P.M.</p> <p>5. Review of Staff G's personnel record revealed:</p> <ul style="list-style-type: none"> - A hire date of October 22, 2014. - Staff G was hired as a Supervisor in Charge (SIC)/ Medication Aide (MA). - Staff G's HCPR was not assessed until November 4, 2014 and showed no substantiated findings. <p>Refer to interview with Resident Care Coordinator on 1/15/2015 at 10:40 A.M.</p>	D 137		

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D 137	<p>Continued From page 2</p> <p>Refer to interview with Executive Director on 1/15/2015 at 2:35 P.M.</p> <hr/> <p>Interview with Resident Care Coordinator (RCC) on 1/15/2015 at 10: 40 A.M. revealed:</p> <ul style="list-style-type: none"> - The Business Office Manager (BOM) usually takes care of the new hire paperwork. - In the absence of a BOM, the Executive Director has been doing the new hire paperwork. <p>Interview with Executive Director (ED) on 1/15/2015 at 2:35 P.M. revealed:</p> <ul style="list-style-type: none"> - HCPR were done by the BOM. - In the absence of a BOM, the ED is responsible for the paperwork for new staff. - Best practice is that the HCPR access is done before hire. - If not done before hire, then it is done at hire. <ul style="list-style-type: none"> - There is a "tickler" that is used to verify employment requirements for new staff. <p>Interview with the Executive Director on 1/15/14 at 2:50pm revealed:</p> <ul style="list-style-type: none"> - HCPR checks had been the responsibility of the Business Office Manager (BOM). - The BOM usually did the HCPR checks at hire. - Employees usually did not start work prior to this being done. - The BOM is no longer employed at the facility, she left about a month ago. - She was now responsible for ensuring the HCPR check was done for new employees. - She did not check HCPR upon hire for Staff B and Staff D. - She checked HCPR for Staff B and Staff D on 1/14/15 when she went through their personnel files. 	D 137		

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D 276	Continued From page 3	D 276		
D 276	<p>10A NCAC 13F .0902(c)(3-4) Health Care</p> <p>10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement weekly weights for 1 of 1 resident (#2) as ordered by the physician. The findings are:</p> <p>Review of Resident #2's current FL-2 dated 10/27/2014 revealed: - Diagnoses of Aftercare Traumatic Fractured Hip, Urinary Tract Infection, E-coli Infection, Post Hemorrhage Anemia.</p> <p>Review of Resident #2's records revealed: - Resident #2 was a new patient to the facility. - An order for weekly weights dated 11/11/2014.</p> <p>Review of Resident #2's Medication Administration Record (MAR) revealed there was no order for weekly weights placed on the November 2014, December 2014 or January 2015 MAR.</p> <p>Interview with the Resident Care Coordinator (RCC) on 1/15/2015 at 9:00 A.M. revealed:</p>	D 276		

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D 276	<p>Continued From page 4</p> <ul style="list-style-type: none"> - The RCC stated that the order for weekly weights dated 11/11/2014 never got faxed to the pharmacy. - The previous RCC was responsible for faxing orders to the pharmacy. - New orders are faxed to the pharmacy, then placed in folder for 1st, 2nd and 3rd shift Medication Aides (MA) to review. - After MA review the order, it is then filed in the resident's chart on third shift. - The RCC stated that she will make sure the order is faxed to the pharmacy so it can be placed on the MAR. <p>Interview with the Executive Director (ED) on 1/15/2014 at 2:35 revealed:</p> <ul style="list-style-type: none"> - When there is a new order, the RCC scans it to the pharmacy. - If the new order was written by the Physician's Assistant (PA) it is then placed in a folder for the PA to review. - After the order is scanned to the pharmacy, the pharmacy places it on the electronic MAR for it to pop onto the screen for the MA. - The order is then filed in the resident's chart. - The ED stated that she did not know how this order was missed. - "It fell through the cracks" . - A new tracking system for new orders will be put in place as soon as possible. 	D 276		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p>	D 358		

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D 358	<p>Continued From page 5</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to assure medications were administered by staff in accordance with orders by a licensed prescribing practitioner for 1 of 5 residents (#3) sampled resulting in Resident #3 not receiving both long acting and short acting insulin as ordered. The findings are:</p> <p>Review of Resident #3's current FL-2 dated 12/5/2014 revealed: -Diagnoses included Diabetes Mellitus and Dementia. -Medications included Levemir insulin inject 40 units into the skin every morning (Levemir is a long acting insulin), and Humalog insulin inject 10 units with breakfast, 15 units with lunch and dinner (Humalog is a short acting insulin).</p> <p>Review of Resident #3's December 2014 Medication Administration Records (MAR) and January 2015 MAR revealed: -Resident #3 had been administered Humalog insulin 8 units three times a day after meals for a finger-stick blood sugar (FSBS) according to the order written 10/20/2014 instead of 10 units with breakfast and 15 units with lunch and dinner ordered on the new FL-2 dated 12/5/2014 from the hospital.</p> <p>Interview with the physician on 1/14/2015 at 2:15 p.m. revealed: -She had not seen the FL-2 dated 12/5/2014 and was not notified of the new Humalog insulin orders.</p>	D 358		

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D 358	<p>Continued From page 6</p> <p>-She was not concerned Resident #3 had been receiving Humalog 8 units three times daily after meals for a blood sugar greater than 250.</p> <p>-She thought 10 units with breakfast and 15 units with lunch and supper was too much.</p> <p>-She reviewed Resident #3's FSBS weekly when she came to the facility.</p> <p>Review of physician's orders revealed:</p> <p>-On 12/10/2014 Levemir insulin was increased to 44 units every morning.</p> <p>-On 12/22/2014 Humalog insulin is to be giving immediately after meals at 8:30 a.m., 12:30 p.m., and 5:30 p.m.</p> <p>-On 12/22/2014 "Do not hold Levemir insulin."</p> <p>-On 12/29/2014 Levemir 40 units every morning and give 1 can of BOOST or Health shake for FSBS below 60.</p> <p>-On 1/5/2015 Levemir insulin 36 units every morning.</p> <p>-On 1/14/2014 clarification of sliding scale coverage, Humalog insulin 8 units after meals for FSBS greater than 250. Call physician if FSBS is under 60 or over 450.</p> <p>Review of the physician's progress notes revealed:</p> <p>-Resident #3 had been seen weekly since 12/1/2014 for follow-up for FSBS.</p> <p>-On 12/22/2014 staff reported Resident #3's FSBS was 467 in the morning and over 500 at lunch.</p> <p>-"Reviewed medication list, patient did not receive Levemir this weekend."</p> <p>Review of Resident #3's December 2014 MAR revealed:</p> <p>-Resident #3's FSBS in the morning on 12/20/2014 was 88 and on 12/21/2014 was 307.</p> <p>-The Levemir was documented as "withheld due</p>	D 358		

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D 358	<p>Continued From page 7</p> <p>to doctor's orders" on both days.</p> <p>Review of the consultant pharmacist's medication regimen review dated 12/11/2014 revealed: - "Humalog is to be given after meals for BS > 250. It is signed off the MAR on 12/5 and 12/6 after supper but her BS was not > 250."</p> <p>Review of Resident #3's December 2014 MAR for Humalog insulin order to administer 8 units after meals for FSBS greater than 250 revealed Humalog insulin 8 units was not administered as ordered and documented as withheld per doctor's order as follows: -On 12/12/2014 at 5:00 p.m. Resident #3's FSBS was 448. -On 12/13/2014 at 12:00 p.m. Resident #3's FSBS was 346. -On 1/8/2015 at 12:00 p.m. Resident #3's FSBS was 370. -On 1/13/2015 at 7:00 a.m. Resident #3's FSBS was 317.</p> <p>Review of Resident #3's December 2014 MAR for Humalog insulin order to administer 8 units after meals for FSBS greater than 250 revealed Humalog insulin 8 units was administered for FSBS less than 250 not as ordered as follows: -On 12/13/2014 at 5:00 p.m. Resident #3's FSBS was 118. -On 12/14/2014 at 5:00 p.m. Resident #3's FSBS was 144. -On 12/21/2014 at 5:00 p.m. Resident #3's FSBS was 237. -On 12/25/2014 at 5:00 p.m. Resident #3's FSBS was 124. -On 12/29/2014 at 7:00 a.m. Resident #3's FSBS was 102. -On 1/7/2015 at 12:00 p.m. Resident #3's FSBS</p>	D 358		

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D 358	<p>Continued From page 8</p> <p>was 212. -On 1/10/2015 at 5:00 p.m. Resident #3's FSBS was 226.</p> <p>Interview with a Medication Aide (MA) on 1/15/2015 at 10:20 a.m. revealed she would not hold Resident #3's Levemir unless her FSBS was below 60, then she would give her a can of Boost as ordered for FSBS less than 60, recheck it, and give Resident #3 the Levemir when it came up.</p> <p>Interview with another MA on 1/15/2015 at 10:55 a.m. revealed: -She had not administered medication to Resident #3. -She would notify the physician for FSBS less than 60 or greater than 350.</p> <p>Interview with another MA on 1/15/2015 at 10:30 a.m. revealed he would hold insulin based on physician's parameters to hold.</p> <p>Interview with two additional Medication Aides on 1/15/2015 at 11:20 a.m. revealed: -They had not administered medication to Resident #3. -They would hold insulin if FSBS was less than 60 and give orange juice and crackers. -They would keep rechecking the FSBS until it came up and if it didn't come up they would notify the physician. -They would notify the physician if FSBS was greater than 400.</p> <p>Interview with the Resident Care Coordinator (RCC) on 1/15/2015 at 12:00 p.m. revealed: -She had addressed the pharmacy recommendation with staff regarding the administration of Humalog insulin in December 2014.</p>	D 358		

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D 358	Continued From page 9 -She did not know why the insulin administration errors occurred and would need to do training. -There was not a monitoring system in place to review insulin administration of the staff.	D 358		
D 468	10A NCAC 13F .1309 Special Care Unit Staff Orientation And Train 10A NCAC 13F .1309 Special Care Unit Staff Orientation And Training The facility shall assure that special care unit staff receive at least the following orientation and training: (1) Prior to establishing a special care unit, the administrator shall document receipt of at least 20 hours of training specific to the population to be served for each special care unit to be operated. The administrator shall have in place a plan to train other staff assigned to the unit that identifies content, texts, sources, evaluations and schedules regarding training achievement. (2) Within the first week of employment, each employee assigned to perform duties in the special care unit shall complete six hours of orientation on the nature and needs of the residents. (3) Within six months of employment, staff responsible for personal care and supervision within the unit shall complete 20 hours of training specific to the population being served in addition to the training and competency requirements in Rule .0501 of this Subchapter and the six hours of orientation required by this Rule. (4) Staff responsible for personal care and supervision within the unit shall complete at least 12 hours of continuing education annually, of which six hours shall be dementia specific.	D 468		

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D 468	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure three of three sampled staff assigned to perform duties in the special care unit received 6 hours of orientation training within the first week of employment (Staff B, C, and D). The findings are:</p> <p>1. Review of the employee record for Staff B revealed:</p> <ul style="list-style-type: none"> - Staff B was hired on 12/22/14. - There was no documentation Staff C completed the 6 hours within the first week of employment. - There was no documentation of any special care unit training completed. <p>Interview with Staff B on 1/15/15 at 11:30am revealed:</p> <ul style="list-style-type: none"> - He was hired on 12/22/14 as a personal care aide. - He works on the memory care unit. - He had not attended any orientation or training related to working with Residents with Alzheimer or Dementia. <p>Observation on 1/13/15 at 5:00pm revealed, Staff B working on the memory care unit.</p> <p>Review of the Memory care schedule revealed:</p> <ul style="list-style-type: none"> - Staff B was on the schedule to work on the memory care unit 1/11/15, 1/3/15, 1/6/15, 1/19/15, 1/21/15 and 1/24/15. <p>Interview with the Resident Care Coordinator on 1/15/15 at 10:00am revealed:</p> <ul style="list-style-type: none"> - Staff B worked on the memory care unit. - The Business Office manager (BOM) was responsible for ensuring staff were scheduled for 	D 468		

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D 468	<p>Continued From page 11</p> <p>all required trainings.</p> <ul style="list-style-type: none"> - The BOM was no longer employed at the facility. - The Executive Director had taken on the responsibility of checking staffing requirements. <p>Refer to the interview with the Executive Director on 1/15/15 at 2:50pm.</p> <p>2. Review of the employee record for Staff C revealed:</p> <ul style="list-style-type: none"> - Staff C was hired on 9/19/14. - Staff C was hired as a personal care aide. - There was no documentation Staff C completed the 6 hours within the first week of employment. - Two hours of special care unit training. Two certificates 1 hour each dated 10/12/14 and 10/13/14. <p>Interview with Staff C on 1/15/2015 at 3:30 p.m. revealed she works on the Special Care Unit.</p> <p>Refer to the interview with the Executive Director on 1/15/15 at 2:50pm.</p> <p>3. Review of the employee record for Staff D revealed:</p> <ul style="list-style-type: none"> - Staff D was hired on 12/22/14. - Staff D was hired as a personal care aide. - There was no documentation Staff C completed the 6 hours within the first week of employment nor the 20 hour training for the special care unit within six months of hire. - There was no documentation of any special care unit training completed. <p>Staff D was not available for interview.</p>	D 468		

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D 468	<p>Continued From page 12</p> <p>Refer to the interview with the Executive Director on 1/15/15 at 2:50pm.</p> <hr/> <p>Interview with the Executive Director on 1/15/15 at 2:50pm revealed:</p> <ul style="list-style-type: none"> - She was responsible for checking staffing requirements for training for employees. - She was not aware Staff B did not have the required 6 hour special care unit training within his first week of employment at the facility. - The BOM had a tickler that she plugged in all staffing requirements, but she took it with her when she left. - She will have the tickler installed on her computer by the end of the day, so that she will be able to track staffing requirements on all employees 	D 468		
D935	<p>G.S.§ 131D-4.5B(b) ACH Medication Aides; Training and Competency</p> <p>G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.</p> <p>(b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following:</p> <p>(1) A five-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> a. The key principles of medication administration. 	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER GUILFORD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5918 NETFIELD RD GREENSBORO, NC 27455
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D935	<p>Continued From page 13</p> <p>b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>(2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503.</p> <p>(3) Within 60 days from the date of hire, the individual must have completed the following:</p> <p>a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following:</p> <ol style="list-style-type: none"> 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 3 staff (Staff C) who began performing medication aide duties after October 1, 2013 met the requirements to administer medications. The findings are:</p> <ol style="list-style-type: none"> 1. Review of Staff C's personnel record revealed: <ul style="list-style-type: none"> - She was hired as a Personal Care Aide on 9/19/14. - She passed her medication test on 9/26/14. - She completed her medication clinical skills 	D935		

Division of Health Service Regulation

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D935	<p>Continued From page 14</p> <p>validation on 10/10/14.</p> <ul style="list-style-type: none"> - No documentation of the 5 hour/10 hour or 15 hour state medication training. <p>Review of the January 2015 medication administration record (MAR) revealed Staff C had administered medications on 1/12/15.</p> <p>Review of the staff schedule dated 1/11/15 through 1/24/15 revealed:</p> <ul style="list-style-type: none"> - Staff C was scheduled to work as a supervisor in charge on the following dates: - 1/12/15, 1/17/15, 1/18/15 and 1/23/15. <p>Interview with the Special Care Unit Coordinator on 1/15/2015 at 3:15 p.m. revealed:</p> <ul style="list-style-type: none"> - Staff C had been assessed and checked off on medication clinical skills by a Registered nurse. - Staff C had worked as a Medication Aide and administered medication independently on the Special Care Unit since 1/12/2015. <p>Interview with Staff C on 1/15/2015 at 3:30 p.m. revealed:</p> <ul style="list-style-type: none"> - She had been checked off on medication clinical skills recently. - She had administered medications independently to residents on the Special Care Unit since 1/12/2015. - She had not administered insulin. <p>Interview with the Resident Care Coordinator on 1/15/15 at 2:45 revealed:</p> <ul style="list-style-type: none"> - Staff C was hired as a certified nursing assistant (CNA) in September. - In October Staff C was checked off on the medication checklist, but the nurse felt that she needed more training and was not ready to go on the medication cart at that time. 	D935		

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D935	<p>Continued From page 15</p> <ul style="list-style-type: none"> - She was checked off again on 1/9/15 and released to work on the medication cart. - She started administering medications on the medication cart alone on 1/12/15. - She was not aware Staff C did had not completed the mandated 5 hour/10 hour or 15 hour state medication training. <p>Interview with the Executive Director on 1/15/15 at 2:50pm revealed:</p> <ul style="list-style-type: none"> - Staff C had not been working as a medication aide. - She had just been checked off on the medication checklist. - Medication aides are required to have completed the 5 hour training prior to being placed on the medication cart. - The Business Office Manager (BOM) had been responsible for assuring these requirements were met prior to her departure in December 2014. - She has been responsible for checking to assure required trainings are completed since the BOM left. - She will have a tracker placed on her computer to assist her to track and monitor required trainings. 	D935		